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Fill in this information to identify your case:	
United States Bankruptcy Court for the: Northern District of Illinois	
Chapter you are filing und Chapter 7 Chapter 11 Chapter 12 Chapter 13	der: ☐ Check if t
Sea Ser Control (1998) And the Control (1998)	amended

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct (if known). Answer every question.

Pa	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		, , , , , , , , , , , , , , , , , , ,
	Write the name that is on your government-issued picture	JAMES	
	identification (for example, your driver's license or	First name	First name
	passport).	Middle name	Middle name
	Bring your picture	MOORE	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., Iİ, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8	First name	
	years	i iist iiame	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
V. 2807.e	eki cana inter 200 met 2000 000 0000 0000 0000 interioris distribution distribution (note to comment to commen	・ ウェインファイト である 13.5 (15.6 x 25.5 (15.6 x 25.5 (15.6 x 15.5 x 15	MARGANISMA R. J. T. T. J.
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>9 4 6 5</u>	xxx - xx
	number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx
		aan ee saas saas ee ah gegan ah ah ah saas ee ah	

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Debtor 1 JAMES MODE First Name Middle	ORE Last Name	Case number (if known)
		AND
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	I have not used any business names or EINs.
the last 8 years Include trade names and	Business name	Business name
doing business as names	Business name	Business name
	EIN	EIN
	ĒIN — — — — — — — —	EIN
Where you live		If Debtor 2 lives at a different address:
	3101 Smoke Tree Court	North
		Number Street
	Hazel Crest IL 60429	
	City State ZIP Code Cook	City State ZIP Cod
	County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
200000-ph/gggggggggggggggggggggggggggggggggggg	City State ZIP Code	City State ZIP Code
Vhy you are choosing his district to file for	Check one:	Check one:
ns district to file for eankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1	JAMES MOO First Name Middle Na	RE	Last Name			Case number (if k	nown)
Part 2:	Toll the Count She	V F					
	Tell the Court Abo						
Ban	chapter of the kruptcy Code you	Check of for Bank	ne. (For a cruptcy (Fo	i brief description orm 2010)). Also,	of each, see Notice go to the top of pa	ce Required by 11 age 1 and check th	U.S.C. § 342(b) for Individuals Filing he appropriate box.
are und	e choosing to file	☐ Cha	pter 7				
	•	☐ Cha	pter 11				
		☐ Cha	pter 12				
		☑ Cha	pter 13				
8. How	you will pay the fee	loca your subr with I nec App I rec By li	I court for self, you mitting you a pre-pred to partication for the self-based on th	or more details at may pay with cour payment on inted address. The fee in instantial interest of the fee in	tallments. If you have dependent of the second of the seco	nay pay. Typicall theck, or money ur attorney may used this operation of the control of the cont	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check of one of the cents (Official Form 103A). Sign and attach the ents (Official Form 103A). Sign only if you are filing for Chapter 7. Sand may do so only if your income is ar family size and you are unable to
bani	e you filed for kruptcy within the 8 years?	pay <i>Cha</i> ☑ No	the fee ii	n installments). Iling Fee Waived	If you choose th	is option, you m	nust fill out the <i>Application to Have the</i> with your petition. Case number
.000	ust o years:					MM / DD / YYYY	
			District _		When	MM / DD / YYYY	Case number
			District _		When	MM / DD / YYYY	Case number
10 Are	any bankruptcy	[7 1]					
case	s pending or being	No No	Debtor				Deletionship to very
not t you, part	led by a spouse who is of Ye of filing this case with ou, or by a business artner, or by an ffiliate?	- 103.					Relationship to you Case number, if known
۵	4.0.		Debtor _				Relationship to you
			District _		When	MM / DD / YYYY	Case number, if known
	ou rent your lence?	☐ No. ☑ Yes.	Go to lin Has you residence	ir landlord obtaine	d an eviction judg	ment against you	and do you want to stay in your
				Go to line 12.			
				. Fill out <i>initial Sta</i> t bankruptcy petitio		viction Judgment	Against You (Form 101A) and file it with

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ebtor 1 JAMES MOOI First Name Middle Nam	RE Case number (it known)
art 3: Report About Any B	usinesses You Own as a Sole Proprietor
Are you a sole proprietor of any full- or part-time	No. Go to Part 4.
business? A sole proprietorship is a	☐ Yes. Name and location of business
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or	Name of business, if any
LLC. If you have more than one	Number Street
sole proprietorship, use a separate sheet and attach it	
to this petition.	City State ZIP Code
	Check the appropriate box to describe your business:
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
	☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
	☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
	☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
	☐ None of the above
Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). ✓ No. I am not filing under Chapter 11. □ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
	r Have Any Hazardous Property or Any Property That Needs Immediate Attention
Do you own or have any property that poses or is	☑ No
alleged to pose a threat of imminent and identifiable hazard to public health or safety?	Yes. What is the hazard?
Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock	If immediate attention is needed, why is it needed?
peristrable goods, or livestock that must be fed, or a building that needs urgent repairs?	Where is the property?
	Number Street
	City State ZIP Code

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Debtor 1

JAMES MOORE

ast	Name

Case number	(if known)		

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	about
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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De	btor 1 JAMES MOO First Name Middle Nam	RE Last Name	Case number (if kno	W7)
Pá	art 6: Answer These Ques	stions for Reporting Purpose	es	
16.	What kind of debts do	16a. Are your debts primari as "incurred by an individua	ily consumer debts? Consumer debtal primarily for a personal, family, or house	ts are defined in 11 U.S.C. § 101(8) sehold purpose."
	you have?	No. Go to line 16b.✓ Yes. Go to line 17.		, ,
			ily business debts? Business debts avestment or through the operation of the	
		□ No. Go to line 16c.□ Yes. Go to line 17.		
		16c. State the type of debts you	owe that are not consumer debts or bus	iness debts.
17.	Are you filing under Chapter 7?	No. I am not filing under Cha	apter 7. Go to line 18.	THE REPORT OF THE PROPERTY OF
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapte administrative expenses No Yes	er 7. Do you estimate that after any exen s are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
19.	How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	rt 7: Sign Below	_ +	— \$100,000,001 \$000 Hillion	— More than \$50 billion
Fo	r you	I have examined this petition, and correct.	d I declare under penalty of perjury that	the information provided is true and
		If I have chosen to file under Cha of title 11, United States Code. I under Chapter 7.	apter 7, I am aware that I may proceed, i understand the relief available under ea	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
		If no attorney represents me and this document, I have obtained a	I did not pay or agree to pay someone vind read the notice required by 11 U.S.C	who is not an attorney to help me fill out . § 342(b).
		I request relief in accordance with	h the chapter of title 11, United States C	ode, specified in this petition.
		I understand making a false state with a Dankruptcy case can resul 18 U S.O §§ 152, 1341, 1519, at	It in fines up to \$250,000, or imprisonme	money or property by fraud in connection nt for up to 20 years, or both.
		* Jan, Nu	m x_	
		Signature of Debtor 1	•	e of Debtor 2
	. Januariikassa suuri aski ilmin neessa saa karaassa naanna saa karaassa karaassa karaassa karaassa karaassa k	Executed on 07/14/2017 MM / DD / Y	YYY Executed	on

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Debtor 1 JAMES MOOF First Name Middle Nam	RE Last Name	Case number (if known)_	
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in the to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the the notice required by 11 U.S.C. § 342(b) a knowledge after an inquiry that the internal	of title 11, United States Code, and person is eligible. I also certify the person is eligible and the \$707(b)(4)	nd have explained the relief hat I have delivered to the debtor(s) I)(D) applies, certify that I have no
	Steven O. Hamill Printed name Law Office of Steven O. Hamill Firm name 3843 West 95th Street Number Street		MM / DD /YYYY
	Evergreen Park City Contact phone (708) 422-8802	IL State Email addres:	60805 ZIP Code s stevenolaw@sbcglobal.net
	6191752 Bar number	IL State	_

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Debtor 1	JAMES MOORE First Name Middle Name	Last Name	Case number (# known)
	f you are filing this cy without an	should understand that ma themselves successfully. B	dividual, to represent yourself in bankruptcy court, but you ny people find it extremely difficult to represent because bankruptcy has long-term financial and legal ongly urged to hire a qualified attorney.
	e represented by ey, you do not ile this page.	To be successful, you must contechnical, and a mistake or inaction dismissed because you did not hearing, or cooperate with the firm if your case is selected for	rrectly file and handle your bankruptcy case. The rules are very ction may affect your rights. For example, your case may be tille a required document, pay a fee on time, attend a meeting or court, case trustee, U.S. trustee, bankruptcy administrator, or audit audit. If that happens, you could lose your right to file another ons, including the benefit of the automatic stay.
		court. Even if you plan to pay a in your schedules. If you do not property or properly claim it as also deny you a discharge of a case, such as destroying or hid cases are randomly audited to	and debts in the schedules that you are required to file with the a particular debt outside of your bankruptcy, you must list that debt t list a debt, the debt may not be discharged. If you do not list exempt, you may not be able to keep the property. The judge can II your debts if you do something dishonest in your bankruptcy ding property, falsifying records, or lying. Individual bankruptcy determine if debtors have been accurate, truthful, and complete. s crime; you could be fined and imprisoned.
		hired an attorney. The court wil successful, you must be familia	attorney, the court expects you to follow the rules as if you had ll not treat you differently because you are filing for yourself. To be ar with the United States Bankruptcy Code, the Federal Rules of elocal rules of the court in which your case is filed. You must also aption laws that apply.
		Are you aware that filing for bar consequences?	nkruptcy is a serious action with long-term financial and legal
		☐ Yes	
		Are you aware that bankruptcy inaccurate or incomplete, you c	fraud is a serious crime and that if your bankruptcy forms are could be fined or imprisoned?
		□ No □ Yes	
			meone who is not an attorney to help you fill out your bankruptcy forms?
		Attach Bankruptcy Petiti	on Preparer's Notice, Declaration, and Signature (Official Form 119).
		have read and understood this	e that I understand the risks involved in filing without an attorney. I notice, and I am aware that filing a bankruptcy case without an my rights or property if I do not properly handle the case.
	,	c	×
		Signature of Debtor 1	Signature of Dobber 2

MM / DD / YYYY

Date

Contact phone

Cell phone

Email address

Date

Contact phone _

Email address

Cell phone

MM / DD / YYYY

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Fill in this information to identify your case:	
Debtor 1 3 First Name Middle Name Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois	_
Case number (If known)	Check if this is an amended filing
	amended illing
Official Form 106Sum	
Summary of Your Assets and Liabilities and Certain Statistical Info	rmation 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets	supplying correct I schedules after you file
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	value of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$25,000.00
1c. Copy line 63, Total of all property on Schedule A/B	
is sop, and so, real or an property on someodic 772	\$\$5,000.00
Part 2: Summarize Your Liabilities	
Fait 24 Junimarize Four Liabilities	
	Varia liabilità
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	,
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$27,228.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	
the series and the series are the series and the series and the series are the se	+ \$ <u>22,997.00</u>
	\$ 50,225.00
Your total liabilities	\$
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Officiał Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$2,860.00
F. Schodula I. Vaur Evanges (Official Form 4001)	
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$ 2,638.00
	-

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De	btor 1	First Name	Middle Name	Last Name	Ca	se number (if known)			
P	art 4:	Answer Thes	e Questions fo	er Administrative and	d Statistical Records	i			
6.	Are yo	u filing for bank	ruptcy under Ch	apters 7, 11, or 13?					
	No.	. You have nothin s	g to report on this	part of the form. Check	this box and submit this fo	orm to the court wi	th your other	schedules	i.
7.	What k	ind of debt do y	ou have?	VX30.1.VAXXXXVVAXXXXXXXXXXXXXXXXXXXXXXXXXXXX	a e e salla d'alle de e <mark>effette a annonne con e est movement a est e s</mark> e e e e e e e	est have look powerful and only him to assessment			CONTRACTOR ASSESSMENT ASSESSMENT OF STREET
	You fam	ur debts are prin nily, or household	narily consumer purpose." 11 U.S	debts. Consumer debts i.C. § 101(8). Fill out lines	are those "incurred by an s 8-9g for statistical purpo	individual primaril ses. 28 U.S.C. § 1	y for a persor 59.	nal,	
	You this	ur debts are not s form to the court	primarily consumately with your other s	mer debts. You have no chedules.	thing to report on this part	t of the form. Chec	k this box and	d submit	
8.	From t Form 1	the Statement of 22A-1 Line 11; O	Your Current Me R, Form 122B Lir	onthly Income: Copy you be 11; OR, Form 122C-1	ur total current monthly in Line 14.	come from Official	- may arrang araban kananangan sebi	\$	3,748.00
9.	Copy tl	he following spe	cial categories o	of claims from Part 4, lit	ne 6 of Schedule E/F:	Total claim	S	t onwasterrenastis ever	BAZTET
	From	Part 4 on Schee	dule E/F, copy th	e following:					
	9a. Doi	mestic support ob	ligations (Copy lir	ne 6a.)		\$	0.00		
	9b. Tax	kes and certain ot	her debts you ow	e the government. (Copy	line 6b.)	\$	0.00		
	9c. Cla	ims for death or p	ersonal injury wh	ile you were intoxicated.	(Copy line 6c.)	\$	0.00		
	9d. Stu	dent loans. (Copy	line 6f.)			\$	0.00		
	9e. Obl pric	ligations arising o ority claims. (Copy	ut of a separation vline 6g.)	agreement or divorce th	at you did not report as	\$	0.00		
	9f. Det	ots to pension or p	profit-sharing plar	is, and other similar debt	s. (Copy line 6h.)	+ \$	0.00		
	9g. Tot	al. Add lines 9a tl	nrough 9f.			\$	0.00		

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Fill in th	is information to identify your case and thi	s filing:		
	JAMES MOORF			
Debtor 1	First Name Middle Name	Last Name		
Debtor 2 (Spouse, if	filing) First Name Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the: Northern District of	Illinois		
Case num				
			Ū	Check if this is an
_				amended filing
Offic	ial Form 106A/B			
	edule A/B: Propert	<u> </u>		12/15
respons	y where you think it fits best. Be as comple sible for supplying correct information. If m ur name and case number (if known). Ansv	s. List an asset only once. If an asset fits in more ete and accurate as possible. If two married peopl ore space is needed, attach a separate sheet to the wer every question. Land, or Other Real Estate You Own or Ha	e are filing together, bo his form. On the top of a	oth are equally
1. Do yo	u own or have any legal or equitable intere	st in any residence, building, land, or similar prop	ertv?	
	o. Go to Part 2.	or in any restaution, building, land, or similar prop	icity i	
☐ Ye	es. Where is the property?			
		What is the property? Check all that apply. Single-family home	Do not deduct secured cl	aims or exemptions. Put
1.1.	Street address, if available, or other description	Duplex or multi-unit building	the amount of any secure Creditors Who Have Clai	
	Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the
		 ☑ Manufactured or mobile home ☑ Land 	entire property?	portion you own?
		☐ Investment property	\$	\$
	City State ZIP Code	☐ Timeshare	Describe the nature	of your ownership
		Other	interest (such as fee the entireties, or a lif	e estate), if known.
		Who has an interest in the property? Check one.		
	Cook	Debtor 1 only Debtor 2 only		
	County	Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
		☐ At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this it property identification number:	em, such as local	
If you	own or have more than one, list here:			
		What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions Put
1.2.		Single-family home	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Street address, if available, or other description	☐ Duplex or multi-unit building☐ Condominium or cooperative		
		Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
		☐ Investment property	Describe the nature of	of vour ownership
	City State ZIP Code	☐ Timeshare ☐ Other	interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		
	County	Debtor 1 only Debtor 2 only		
	County	Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
		☐ At least one of the debtors and another	(see instructions)	amily property
		Other information you wish to add about this ite property identification number:	m, such as local	

Official Form 106A/B

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Debtor 1	JAMES MOOR	E Name Last Name	Case number (# ki	nown)	
	First Name Iwage	traine Last Name			
1.3.	Street address, if available	e, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D:
	City	State ZIP Code	□ Land □ Investment property □ Timeshare □ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	Check if this is co (see instructions) m, such as local	mmunity property
			I of your entries from Part 1, including any entries		\$0.00
Cars,	that someone else drive vans, trucks, tractors,	s. If you lease a vehicle	et in any vehicles, whether they are registered or report it on Schedule G: Executory Contracts and motorcycles		3
☑ Y€	Make: Model: Year: Approximate mileage: Other information:	Honda CRV 2015 50k	Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$25,000.00	d claims on <i>Schedule D:</i>
•	own or have more than Make: Model: Year:	one, describe here:	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the	d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the
	Approximate mileage: Other information:		☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	entire property?	portion you own?

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Document Page 13 of 64 JAMES MOORE Debtor 1 Case number (if known) First Name Middle Name Last Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 33 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: ☐ At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No ☐ Yes Who has an interest in the property? Check one. 41 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

instructions)

1.750.00

portion you own?

entire property?

Other information:

At least one of the debtors and another

☐ Check if this is community property (see

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Debtor 1

JAMES MOORE

t Name	Middle Name	Last Name

Case number (# known)_____

ľ	Describe Your Personal and Household Items	
Do	o you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	No service a service s	
	Yes. Describe Misc. household appliances & furniture	\$500.00
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	No No	100 100
	Yes. Describe Television, cell phone	\$250.00
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No	
	Yes. Describe	\$
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No	
	Yes. Describe	\$
10	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	
	Yes. Describe	\$
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	
	Yes. Describe Misc. everyday necessary clothing	\$100.00
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	✓ No ✓ Yes. Describe	\$
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	☑ No	
	Yes. Describe	\$
14.	Any other personal and household items you did not already list, including any health aids you did not list	· · · · · · · · · · · · · · · · · · ·
	☑ No	
	Yes. Give specific	\$
	information.	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$850.00

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Debtor 1

JAMES MOORE

rst Name	Middle Name

Case number (if known)_

Do you own or have any	legal or equitable interest in	any of the following?		Current va portion you Do not deduc or exemption	u own? ct secured claims
16. Cash <i>Examples:</i> Money you	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when y	ou file your petition		
☐ No ☑ Yes			Cash:	\$	50.00
17. Deposits of money <i>Examples</i> : Checking, s	savings, or other financial accol similar institutions. If you have n	unts; certificates of deposit; shares in credit un nultiple accounts with the same institution, list	nions, brokerage houses each.	S ,	
☐ No					
☑ Yes		Institution name:			
	17.1. Checking account:	Credit Union One Bank		\$	200.00
	17.2. Checking account:				
	17.3. Savings account:			. \$	
	17.4. Savings account:				
	17.5. Certificates of deposit:				
	17.6. Other financial account:				
	17.7. Other financial account:				
	17.8. Other financial account:				
	17.9. Other financial account:				
40 Banda mutual funda	or publicly traded stocks				
·	•	erage firms, money market accounts			
☑ No					
☐ Yes	Institution or issuer name:				
				_ \$	
				_ \$	
				- \$	
19. Non-publicly traded s an LLC, partnership,		rated and unincorporated businesses, inc	uding an interest in		
☑ No	Name of entity:		% of ownership:		
Yes. Give specific			0%%	\$	
information about them			0% %	T	
			%	\$	

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Debtor 1	JAMES MO		Case number (if known)	
	First Name	Middle Name	ast Name	
			the second secon	
20. Governm	ent and corp	orate bonds and oth	er negotiable and non-negotiable instruments	
Negotiabl	e instruments	include personal che	cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them.	
No				
	Sive specific ation about	Issuer name:		
				\$
				\$
				\$
21. Retireme	nt or pension	accounts		
			01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☐ No				
	ist each nt separately.	Type of account:	Institution name:	
		401(k) or similar plan:		\$
		Pension plan:		
		IRA:		\$
			Fidelity Investments (through employer)	\$ \$ 750.00
		Retirement account:	ridenty investmente (unough employer)	<u> </u>
		Keogh:		\$
		Additional account:		\$
		Additional account:		\$
Your share	leposits and period of all unused to Agreements v	deposits you have m	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	
companies	s, or others	, р.орд.	and of Country, Colocommunications	
🔽 No				
Yes		Ins	titution name or individual:	
		Electric:		\$
		Gas:		\$
		Heating oil:		\$
		Prepaid rent:	tal unit:	\$
		Telephone:		\$
		Water:		\$
		Rented furniture:		\$
		Other:		\$
				\$
23. Annuities	(A contract for	a periodic payment o	of money to you, either for life or for a number of years)	
☑ No		. , ,	2	
☐ Yes		Issuer name and desc	pription:	
				\$
				\$

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Debtor 1	JAMES MOORE			Case number (if known)	
-	First Name Middle Na	ame	Last Name	Sase Harriser (if Ancient)	
				The control of the co	
	s in an education IRA, C. §§ 530(b)(1), 529A(b			lified ABLE program, or under a qualified state tuition program.	
☑ No					
		Institution	name and des	scription. Separately file the records of any interests.11 U.S.C. § 521(c)	
		romunon	name and ues	onipaon. Ocparatory nie the records of any interests. 11 U.S.C. § 321(C)	
					\$
					\$
					\$
5. Trusts, e exercisa	equitable or future into	erests in p	property (othe	er than anything listed in line 1), and rights or powers	
No					
	Give specific				
inforr	mation about them				\$
S Datasts	Conveighte 4	rke 4	connete !	other intellectual areas	
				other intellectual property from royalties and licensing agreements	
☑ No	soman nan	., ., .,	., _E . 5000003 1	,	
	Give specific				
	mation about them				\$
	Ě		······································	the regional Art. (Add.)	,
	s, franchises, and oth	-	_		
	s: Building permits, exc	clusive lice	nses, coopera	tive association holdings, liquor licenses, professional licenses	
No	.0000				
	Give specific				_
intorn	nation about them		er enging in the high high state and a second		\$
lonev or n	roperty owed to you?				
oney or pr	openy owed to you?				Current value of the portion you own?
					Do not deduct secured claims or exemptions.
Tay ==f	ada awad ta waw				stanno or exemplions.
	nds owed to you				
☑ No	Give specific information	20	***************************************	- MARIN COLONIA COLONI	
	Give specific information about them, including v			Federal: \$	
,	you already filed the re	turns		State: \$	
·	and the tax years			Local: \$	
				NATORIAL NE PROBLEM COMMUNICATION COMMUNICAT	
e. Family s	• •				
	s: Past due or lump sur	m alimony,	spousal supp	ort, child support, maintenance, divorce settlement, property settlemen	t
🗹 No			grammatica control o membro il control del ser		
Yes.	Give specific information	on			_
			; ;	Alimony:	\$
				Maintenance:	\$
				Support:	\$
				Divorce settlement:	\$
			<u> </u>	Property settlement:	\$
		oility insura		s, disability benefits, sick pay, vacation pay, workers' compensation,	
(Z) ···	Social Security bene	ints, unpaid	a ioans you ma	ade to someone else	
☑ No	Give anacific informati	nn.			
₩ res. (Give specific information) I			\$

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Debtor 1	JAMES MOORE	Case number	er (if known)	
	First Name Middle Name	Last Name	. ,	
		Control of the Control of Control		
	ts in insurance policies	nce; health savings account (HSA); credit, homeowner's, or	renter's incurees	
Example No	oo. Hoaidi, disability, of life insure	noo, noam savings account (HOA), credit, nomeowner's, or	remera maurance	
	. Name the insurance company of each policy and list its value	Company name: Beneficia	ary:	Surrender or refund value:
				\$
				\$
				\$
If you ar	rerest in property that is due yo re the beneficiary of a living trust, y because someone has died.	u from someone who has died expect proceeds from a life insurance policy, or are currentl	ly entitled to receive	
	. Give specific information		001000 00000 110000 00000 000000 1000000	
		Bernard and the second and the secon	A CONTRACTOR MANAGEMENT OF A CONTRACTOR OF A C	\$
Example No	les: Accidents, employment dispu	or not you have filed a lawsuit or made a demand for pay es, insurance claims, or rights to sue		
Yes	. Describe each claim	. :		· ·
	ontingent and unliquidated clai	ms of every nature, including counterclaims of the debt		
☑ No		general control contro		**Autong
Yes	Describe each claim			\$
☑ No □ Yes	s. Give specific information			\$
	•	ies from Part 4, including any entries for pages you have	e attached	\$1,050.00
.vi faf				<u> </u>
Part 5:	Describe Any Business	-Related Property You Own or Have an Inte	erest In. List any re	eal estate in Part 1.
37. Do you	own or have any legal or equit	able interest in any business-related property?		
	Go to Part 6.			
Yes	s. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
8. Accoun	nts receivable or commissions y	ou already earned		
☐ No				
∟ Yes	s. Describe			\$
o 0#:	aquinment furnishings and	nnlias		3
	equipment, furnishings, and su es: Business-related computers, softwa	pplies ire, modems, printers, copiers, fax machines, ru <mark>gs, telephones, des</mark> k	s, chairs, electronic devices	
☐ No		· · · · · · · · · · · · · · · · · · ·		
☐ Yes	s. Describe			\$
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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Debtor 1 JAIVIES IV	Middle Name Last Name Case number (if known)		
. Het raine	induction Carlotte		
40. Machinery, fixtures,	equipment, supplies you use in business, and tools of your trade		
□ No			
☐ Yes. Describe			
		Ψ_	
41. Inventory			
□ No			
Yes. Describe		\$_	
42. Interests in partnersl	nips or joint ventures		
☐ No			
☐ Yes. Describe	Name of entity: % of ow	nership:	
		% \$	
		% \$	
		% \$	
43 Customer lists, maili	ng lists, or other compilations		
☐ No	ig itself of still complications		
	s include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
□ No		Debic militar on hormonium sweet	
☐ Yes. Des	cribe	\$	
	property you did not already list		
☐ No☐ Yes. Give specific			
information		\$	
		\$	
		\$	
		\$	
		\$	
		 \$	
45. Add the dollar value	of all of your entries from Part 5, including any entries for pages you have attached		
for Part 5. Write that	number here	→ \$	0.00
		<u> </u>	****
Part 6: Describe A	ny Farm- and Commercial Fishing-Related Property You Own or Have an I	ıterest in.	
ir you own o	r have an interest in farmland, list it in Part 1.		
46. Do you own or have a	any legal or equitable interest in any farm- or commercial fishing-related property?		
No. Go to Part 7.	, and a second property.		
Yes. Go to line 47.			
			rrent value of the
			ortion you own? onot deduct secured claims
47. Farm animals			exemptions.
	poultry, farm-raised fish		
□ No	×		
☐ Yes	1429-3-2	***************************************	
			r.
			\$

JAMES MOORE

Debtor 1

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Debtor 1	JAMES MC	ORE			(Case number (if known)			
	First Name	Middle Name	Last Name		`	Sase Harriser (ii kilown)			
48. Crops -	either growing	or harvested							
☐ No	ſ			Name		66% Ann Ann Ann ann ann ann an Aire an			
山 Yes info	s. Give specific ormation							\$	
☐ No		-	ents, machinery, f	•					
☐ Yes	3							\$	
50. Farm a	nd fishing suppl								
☐ No	5		W. W.		D-00-10-00-00-00-00-00-00-00-00-00-00-00-	······································			
— 163	,						1	\$	
51. Any far	m- and commer	cial fishing-rel	lated property you	ı did not already	/ list				
	s. Give specific	***************************************	1987 - volt v - volt v - v - v - v - v - v - v - v - v - v	***************************************				•	
	ļ					you have attached		\$	0.00
						you have attached	.→	\$	0.00
Part 7:	Describe A	Il Property	You Own or H	lave an Inter	est in That	You Did Not List Ab	ove		
			nd you did not alr	eady list?					
Example No	es: Season tickets, c	ountry club memi	bership						
☐ Yes	. Give specific							\$	
info	rmation							\$	
								\$	
54. Add the	e dollar value of	all of your ent	ries from Part 7. V	Vrite that numb	er here			\$	0.00
							·		
Part 8:	List the To	als of Eacl	h Part of this I	Form					
55. Part 1: '	Total real estate	, line 2					→	\$	0.00
56. Part 2:	Total vehicles, li	ne 5		\$	25,000.00				
57. Part 3:	Total personal a	nd household	items, line 15	\$	850.00				
58. Part 4:	Total financial a	ssets, line 36		\$	1,050.00				
59. Part 5:	Total business-r	elated propert	ty, line 45	\$	0.00				
60. Part 6: '	Total farm- and	fishing-related	property, line 52	\$	0.00				
61. Part 7:	Total other prop	erty not listed,	, line 54	+\$	0.00				
62. Total pe	ersonal property	. Add lines 56 t	hrough 61	 \$	26,900.00	Copy personal property tot	al 👈	+ \$	26,900.00
63. Total o 1	f all property on	Schedule A/B.	. Add line 55 + line	62				\$	26,900.00

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Fill in Altin info				
	nation to identify your case:			
	MES MOORE Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First	Name of the state			
		Last Name		
	ruptcy Court for the: Northern Distri	CT OT IIIINOIS		_
Case number (If known)				Check if this is an amended filing
Official For				J
	· · · · · · · · · · · · · · · · · · ·		Claim as Exemp	
Using the property space is needed, fil	you listed on Schedule A/B: Prop	perty (Official Form 106/	ogether, both are equally responsible for setA/B) as your source, list the property that additional Page as necessary. On the top	you claim as exempt. If more
of any applicable : retirement funds— limits the exempti would be limited t	statutory limit. Some exemptic -may be unlimited in dollar am	ons—such as those for nount. However, if you nt and the value of the nunt.	I fair market value of the property bein r health aids, rights to receive certain claim an exemption of 100% of fair ma property is determined to exceed that	benefits, and tax-exempt arket value under a law that
You are cla	aiming state and federal nonbani aiming federal exemptions. 11 U erty you list on Schedule A/B th	J.S.C. § 522(b)(2)	U.S.C. § 522(b)(3) pt, fill in the information below.	
	tion of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	2015 Honda CRV	\$ 25,000.00	2 \$ 2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B.	3.1		☐ 100% of fair market value, up to any applicable statutory limit	
Brief	Cash	\$ 50.00		735 ILCS 5/12-1001(b)
description: Line from Schedule A/B:	16	\$ <u>00.00</u>	 	733 1203 3/12-1001(b)
Brief description:	Credit Union One	\$ <u>200.00</u>	∡ \$ 200.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	_17		☐ 100% of fair market value, up to any applicable statutory limit	
	ing a homestead exemption or ustment on 4/01/16 and every 3		es filed on or after the date of adjustment.)
	ou acquire the property covered	by the exemption within	1,215 days before you filed this case?	

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Debtor 1

JAMES MOORE
First Name Middle Name

Middle Name

Last Name

Case number (if known)_

Additional Page

	on of the property and line /B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Household goods	\$500.00	∡ \$ 500.00	735 ILCS 12-1001(b)
Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Television.cell phon	\$250.00	∡ \$ <u>250.00</u>	735 ILCS 12-1001(b)
Line from Schedule A/B:	7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Necessary clothing	\$100.00	1 \$	735 ILCS12-1001(b)
Line from Schedule A/B:	11		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Fidelity Retirement	\$750.00	☑ \$ 750.00	735 ILCS 5/12-1006
Line from Schedule A/B:	21		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	V46-74-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	· · ·	\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your cas	e:			
Debtor 1 JAMES MOORE First Name Middle N	ame Last Name			
Debtor 2 (Spouse, if filing) First Name Middle N	lame Last Name			
,				
United States Bankruptcy Court for the: Northern	District of filmois			
Case number (If known)			☐ Chec	k if this is an
			amer	nded filing
Official Form 106D				
	s Who Have Claims Secure	ad by Pron	ortv	40/45
				12/15
information. If more space is needed, copy	If two married people are filing together, both are ed the Additional Page, fill it out, number the entries,	lually responsible fo and attach it to this	or supplying corr form. On the top	ect of any
additional pages, write your name and cas	e number (if known).			
1. Do any creditors have claims secured b	y your property?			
No. Check this box and submit this form	n to the court with your other schedules. You have nothi	ng else to report on the	his form.	
Yes. Fill in all of the information below.				
Part 1: List All Secured Claims				
		Column A	Column B	Column C
List all secured claims. If a creditor has m for each claim. If more than one creditor has	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collatera	al Unsecured
As much as possible, list the claims in alph	abetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this	s portion If any
2.1 Santander Consumer USA	Describe the property that secures the claim:	s 27,228.00	s 25,000.0	0 \$ 2,228.00
Creditor's Name	March 19 Control of the Control of t			
Attn: Bankruptcy Dept. Number Street	2015 Honda CRV automobile			
PO Box 961245	As of the date you file, the claim is: Check all that apply.			
Ft. Worth TX 76161	☐ Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☑ Debtor 1 only	✓ An agreement you made (such as mortgage or secured)			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt	0 0 5 0			
Date debt was incurred	Last 4 digits of account number 3 2 5 6	**************************************	****	**************************************
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
Number Street	As of the date you file, the claim is: Check all that apply.	j		
	☐ Contingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
	Other (including a right to offset)	_		
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number		6.5 Wike a company and a compa	
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$27,228.00		

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First Name Middle Name	Last Name Case number (if known)						
Additional Page After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any			
	Describe the property that secures the claim:	\$	\$	\$			
Creditor's Name							
Number Street	-						
	- As of the date you file, the claim is: Check all that apply.						
	☐ Contingent						
City State ZIP Code	Unliquidated Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
Debtor 1 only	☐ An agreement you made (such as mortgage or secured						
Debtor 2 only	car loan)						
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit						
_	Other (including a right to offset)						
Check if this claim relates to a community debt	,	-					
Date debt was incurred	Last 4 digits of account number						
	Describe the property that secures the claim:	\$	\$	\$			
Creditor's Name							
Number Street	-						
	As of the date you file, the claim is: Check all that apply.						
	Contingent						
City State ZIP Code	Unliquidated Disputed						
Who owes the debt? Check one.	·						
Debtor 1 only	Nature of lien. Check all that apply.						
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)						
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)						
At least one of the debtors and another	Judgment lien from a lawsuit						
Check if this claim relates to a community debt	Other (including a right to offset)	-					
Date debt was incurred	Last 4 digits of account number						
	Describe the property that secures the claim:	\$	\$	\$			
Creditor's Name							
Number Street	-						
	 As of the date you file, the claim is: Check all that apply. Contingent 						
City State ZIP Code	Unliquidated Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
Debtor 1 only	☐ An agreement you made (such as mortgage or secured						
Debtor 2 only	car loan)						
Debtor 1 and Debtor 2 only	 Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit 						
At least one of the debtors and another	Other (including a right to offset)						
Check if this claim relates to a community debt	, <u> </u>	•					
Date debt was incurred	Last 4 digits of account number	,	*				
Add the dollar value of your entrie	s in Column A on this page. Write that number here:	\$0.00					
	, add the dollar value totals from all pages.						

JAMES MOORE

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JAMES MOORE	

Debtor 1	JAMES N	MOORE		Case number (if known)		
	First Name	Middle Name	Last Name		(**************************************	-

P	Part 2: List Others to Be Notified for a Debt That You Already Listed								
aç ye	jency is try ou have mo	ing to collect from you	for a debt you owe to any of the debts that	someone else, list the vou listed in Part 1.	a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to				
					On which line in Part 1 did you enter the creditor?				
	Name				Last 4 digits of account number				
	Number	Charact			_				
	Number	Street							
					_				
	City		State	ZIP Code	_				
	h	TE - P REPORT CO. THE CO. LANS BURGAR CO. STOP 187.		SSSSS ANN ANNA ST. ST. SSSSSSSSS TO A C. L. C. L	On which line in Part 1 did you enter the creditor?				
	Name				Last 4 digits of account number				
	Number	Street							
					_				
	City		State	ZIP Code	_				
		* 5 *		- 12 - 4 (12 CMC000000011000 ACTIV AS 170 + 1 AFGY 91000000	On which line in Part 1 did you enter the creditor?				
Ш	Name				Last 4 digits of account number				
	Number	Street			_				
					_				
	City		State	ZIP Code	_				
	***********	to contribution on a second of the second of	control of the second of the s		and the second and th				
	Name	N			On which line in Part 1 did you enter the creditor?				
	Name				Last 4 digits of account number 3 2 5 6				
	Number	Street			-				
					_				
	City		0	710 6	_				
	City	90% 90% 94% 55% AND 1 175% 175 175 175% 175% 175% 175% 175%	State	ZIP Code	PROBLEM SEEDED SEEDE SEE				
					On which line in Part 1 did you enter the creditor?				
	Name				Last 4 digits of account number				
	Number	Street			-				
					_				
	City	4-000000000000000000000000000000000000	State	ZIP Code	70/4 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
					On which line in Part 1 did you enter the creditor?				
	Name				Last 4 digits of account number				
	Number	Street			-				
					-				
	City		State	ZIP Code	-				

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Fill in this information to identify your case:			
Debtor 1 JAMES MOORE			
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Northern Distric	t of Illinois		
			☐ Check if this is an
Case number (If known)			amended filing
Official Form 106E/F			
Schedule E/F: Creditors \	Nho Have Unsecured Clai	ms	12/15
A/B: Property (Official Form 106A/B) and on Sche creditors with partially secured claims that are lis	• ,	list executory co (Official Form 1 ured by Property	ontracts on Schedule 06G). Do not include any
Do any creditors have priority unsecured clair	ns against you?		
No. Go to Part 2.			
☐ Yes.			
nonpriority amounts. As much as possible, list the	creditor has more than one priority unsecured claim, list f a claim has both priority and nonpriority amounts, list claims in alphabetical order according to the creditor's f Part 1. If more than one creditor holds a particular clai	that claim here a	nd show both priority and
	instructions for this form in the instruction booklet.)		
		Total claim	Priority Nonpriority
2.1			amount amount
Priority Creditor's Name	Last 4 digits of account number	\$	_ \$\$
	When was the debt incurred?		
Number Street	A		
	As of the date you file, the claim is: Check all that app	oly.	
City State ZIP Code	Contingent Unliquidated		
Who incurred the debt? Check one.	Disputed		
Debtor 1 only			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
☐ At least one of the debtors and another	Domestic support obligations		
☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the governmen	nt	
	 Claims for death or personal injury while you were intoxicated 		
Is the claim subject to offset? ☐ No	Other. Specify		
□ vec			
2			
Priority Creditor's Name	Last 4 digits of account number	\$	\$\$_
	When was the debt incurred?		
Number Street	As of the date you file, the claim is: Check all that app	dv.	
	Contingent	···y	
City State ZIP Code	☐ Unliquidated		
Who incurred the debt? Check one.	Disputed		
Debtor 1 only	Type of PRIORITY and a second second		
Debtor 2 only	Type of PRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	 Domestic support obligations Taxes and certain other debts you owe the government 		
At least one of the debtors and another	☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury white you were	t	
Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 		
Is the claim subject to offset? ☐ No ☐ Yes	Other. Specify	_	

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Debtor 1

JAMES	MOORE

First Name Middle Name Last Name

Case number (if known)___

riisting any entries on this page, number them	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprior amount
	Last 4 digits of account number	\$	\$	_ \$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent☐ Unliquidated			
State ZIF Code	☐ Disputed			
Who incurred the debt? Check one.	_ 5.555.63			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
la tha alaim authiost to affect of	Other. Specify			
Is the claim subject to offset?				
□ No □ Yes				
			uni film premiumo appoint appoint and a	
	Look & dinite of annual country	\$	•	¢
Priority Creditor's Name	Last 4 digits of account number	Ψ	Ψ	- Ψ
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
o.k this stain is for a community debt	Other. Specify			
Is the claim subject to offset?				
□ No				
Yes		Constitution and an artist of the constitution		
		\$	e	•
Priority Creditor's Name	Last 4 digits of account number	Ψ	φ	- Φ
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 1 only Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 		**********************	~~~~
o and dam is for a community dept	Other. Specify			
s the claim subject to offset?				
No ,				

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JAMES MOORE
First Name Middle Na

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Debtor 1

Middle Name

Last Name

Case number (if known)_

3.	Do any creditors have nonpriority unsecured claims against you	u?		
	□ No. You have nothing to report in this part. Submit this form to th □ Yes	e court with your other schedules.		
	QL res			
4.	List all of your nonpriority unsecured claims in the alphabetical nonpriority unsecured claim, list the creditor separately for each clair included in Part 1. If more than one creditor holds a particular claim, claims fill out the Continuation Page of Part 2.	 For each claim listed, identify what type of claim it is. Do not 	list clain	ns aiready
	•		Total	claim
1	Barclaycard Mastercard			
	Nonpriority Creditor's Name	Last 4 digits of account number	\$	1,800.00
	Attn: Bankruptcy Dept., P.O. Box 8801	When was the debt incurred?		
	Wilmington, DE 19899-8801			
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		Contingent		
	Who incurred the debt? Check one.	Unliquidated		
	Debtor 1 only Debtor 2 only	☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another	Student loans		
	Check if this claim is far a community daht	Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a community debt	that you did not report as priority claims		
	Is the claim subject to offset? ☑ No	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Account - Credit card		
	Yes	Other. Specify Account - Orean card		
			Media - www.cocces.co.co	4.050.00
2	City of Chicago Department of Finance	Last 4 digits of account number	\$	1,056.00
	Nonpriority Creditor's Name	When was the debt incurred?		
	PO Box 88292 Number Street	-		
	Chicago, IL 60680-1292	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	□ Contingent		
	Who incurred the debt? Check one.	☐ Unliquidated		
	Debtor 1 only	☐ Disputed		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			
	At least one of the debtors and another	 ☐ Student loans☐ Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a community debt	that you did not report as priority claims		
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Balance of unpaid tickets		
	☑ No □ Yes	Other Specify Dalarice of Unipaid tickets		
	Tes		######################################	· · · · · · · · · · · · · · · · · · ·
3	First Premier Bank Platinum MasterCard Nonpriority Creditor's Name	Last 4 digits of account number	•	300.00
	PO Box 5524	When was the debt incurred?		
	Number Street	-		
	Sioux Falls, SD 57117-5524	- As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code			
	Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated		
	Debtor 1 only	Disputed		
	Debtor 2 only	-		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	_	☐ Student loans		
	☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts		
	✓ No ☐ Yes	Other. Specify Account - Credit card.		
	— 103			

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Debtor 1

JAMES MOORE

First Name Middle Name

Last Name

Case number (if known)_

Par	t 2: Your NONPRIORITY Unsecured Claims — Contin	uation Page	
Afte	er listing any entries on this page, number them beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
	First Savings Credit Card	Last 4 digits of account number	s 400.00
	Nonpriority Creditor's Name PO Box 5019	When was the debt incurred?	3
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Sioux Falls, SD 57117-5019 City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	✓ Debtor 1 only □ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Account - Credit card	
	☑ No	other. Specify // Coount Orean Card	
	Yes		
	Illinois State Toll Highway Authority	Last 4 digits of account number 2 3 6 6	\$ 8,722.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department, Box 5544	When was the debt incurred?	
	Number Street Chicago, IL 60680-5544	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other Specify Tollway fines/unpaid tixs	
	☑ No	Other Specify Tollway Intes/dispald tixs	
	Yes		\$*************************************
	Internal Revenue Service	Last 4 digits of account number 9 4 6 5	\$ 6,800.00
	Nonpriority Creditor's Name P.O. Box 7346	When was the debt incurred?	
	Number Street Philadelphia, PA 19101-7346	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	Debtor 1 only Debtor 2 only		
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Unpaid income taxes	
	□ No		
	Yes		

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Debtor 1

JAMES MOORE

Middle Name

Last Name

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, number them beginning wit	th 4.4, followed by 4.5, and so forth.		Total claim	
Legacy Visa c/o First National Credit Card	Last 4 digits of account number	\$	500.0	
PO Box 5097	When was the debt incurred?			
Number Street Sioux Falls, SD 57117-5097	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent			
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed			
Debtor 1 only	_ 5.6pated			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:			
☐ At least one of the debtors and another	Student loans			
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts			
various the claim subject to onset? various No	✓ Other Specify Account - Credit card			
☐ Yes				
Northwestern Medicine	Last 4 digits of account number	\$	569.0	
Nonpriority Creditor's Name	When was the debt incurred?			
28155 Network Place				
Chicago, IL 60673-1281	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent			
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed			
Debtor 1 only	·			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:			
☐ At least one of the debtors and another	Student loans			
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts			
Mo Yes	Other Specify Medical bills			
OpenSky VISA c/o Capital One Bank	Last 4 digits of account number	\$	350.0	
Nonpriority Creditor's Name	_			
PO BOX 539	When was the debt incurred?			
Number Street Horsham, PA 19044-0539	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent			
Who incurred the debt? Check one.	Unliquidated			
✓ Debtor 1 only	☐ Disputed			
Debtor 2 only	Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	☐ Student loans			
→ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts			
s the claim subject to offset? ☑ No	☑ Other Specify Account - Credit card			

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Debtor 1

JAMES MOORE

First Name Middle Name

Last Name

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning wi	th 4.4, followed by 4.5, and so forth.	Total claim
Village of Matteson	Last 4 digits of account number 2 3 6 6	_{\$100.00}
Nonpriority Creditor's Name 4900 Village Commons	When was the debt incurred? 03/13/2017	
Number Street Matteson, IL 60443	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code Who incurred the debt? Check one.	Contingent Unliquidated	
Debtor 1 only	☑ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Unpaid red light ticket	
⊠ No □ Yes		
Verve Mastercard c/o Verve Card	Last 4 digits of account number	s 500.00
Nonpriority Creditor's Name		
PO Box 8099 Number Street	— — — — — — — — — — — — — — — — — — —	
Newark, DE 19714-8099	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	lacktriangle Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	✓ Other. Specify Account - Credit card bill	
₩ No □ Yes		
IU Northwest - Indiana University Northwest	Last 4 digits of account number	\$ 900.00
Nonpriority Creditor's Name 3400 Broadway	When was the debt incurred?	
Number Street Gary, IN 46408	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset? ☑ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Account</u>	

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Debtor 1

JAMES MOORE

Middle Name

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Case number (if known)_

List Others to Be Notified About a Debt That You Already Listed

ational creditors here. If you do not have additional pers	sons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
OpenSky	On which entry in Part 1 or Part 2 did you list the original creditor?
ame PO Box 2711	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street	Part 2: Creditors with Nonpriority Unsecured Claims
 Omaha, NE 68103-2711	Last 4 digits of account number
ity State ZIP Code	Total of the same of the time with a factor of the contraction of the
ame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
ity State ZIP Code	Last 4 digits of account number
ame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street	☐ Part 2: Creditors with Nonpriority Unsecured Claims
ity State ZIP Code	Last 4 digits of account number
ame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one):
umber Street	☐ Part 2: Creditors with Nonpriority Unsecured Claims
ity State ZIP Code	Last 4 digits of account number
The Code of the Property and Control of the Code of th	On which entry in Part 1 or Part 2 did you list the original creditor?
ame	on which chay in rare rors are 2 did you list the original creditor:
umber Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
ity State ZIP Code	000000-0000000000000000000000000000000
ame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street	☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
State ZIP Code	THE PROPERTY OF A PROPERTY OF A PROPERTY OF A PARTY OF
ame	On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street	Line of (Check one):

City

ZIP Code

State

Last 4 digits of account number

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Debtor 1

Part 2:

JAMES MOORE

First Name Middle Name

Last Name

Your NONPRIORITY Unsecured Claims — Continuation Page

Case number (if known)_

listing any entries on this page, number them beginning wit	th 4.4, followed by 4.5, and so forth.	Total clain
Chase Bank, Attn: Bankruptcy Department	Last 4 digits of account number	\$ <u>1,000.0</u>
Nonpriority Creditor's Name P.O Box 15298	When was the debt incurred?	
Number Street Wilmington, DE 19850	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one. ✓ Debtor 1 only	Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
ls the claim subject to offset?	☑ Other Specify Account - Credit card	
¥ No ☐ Yes		
Blaze Mastercard	Last 4 digits of account number	\$ <u>400</u> .
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 5019 Number Street	As of the date you file, the claim is: Check all that apply.	
Sioux Falls, SD 57117-5019 City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated	
✓ Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Account - Credit card	
Mo No □ Yes		
interpretation in the commence of the commence	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No □ Yes		

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Debtor 1

JAMES MOORE

First Name Middle Name

Last Name

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6đ.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	22,997.00

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Fill in this	nformation to	o idontife	ur occa-			
Fill In this	mormation t	o identity yo	ur case:			
Debtor	JAMES M	OORE				
Debtor 2	First Name		Middle Name	Last Name		
(Spouse If filing) First Name		Middle Name	Last Name		
United States	Bankruptcy Co	urt for the: No	rthern District of	Illinois		
Case numbe						
(If known)						Check if this is an
					<u></u>	amended filing
O.C 1	_ 46					
Official	Form 10)6G				
Sched	ule G:	Execu	itory Co	ntracts and	Unexpired Leases	12/15
1. Do you 1. Do you No. Yes. 2. List sep example unexpire	If more spacinges, write you have any executed this box Fill in all of the arately each parent, vehicled leases.	cutory contict and file this e information person or college lease, cell	copy the addit d case number racts or unexpi form with the co below even if the	ional page, fill it out, n (if known). red leases? ourt with your other sche be contracts or leases and nom you have the content in the instructions for this for	ogether, both are equally responsible for sup umber the entries, and attach it to this page. It dules. You have nothing else to report on this for re listed on Schedule A/B: Property (Official Form tract or lease. Then state what each contract of m in the instruction booklet for more examples of	m. 106A/B). or lease is for (for executory contracts and
2.1						
Name					_	
Number	Street				_	
Number	Sueet					
City		Stat	e ZIP Code		_	
2.2	AND MODEL TO THE THE STREET		\$\$\$\$\$\$\$\$\$. 1. 4 gr 1000 t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ti kantana companianta triuman ()	**************************************
Name					_	
Number	Street				_	
City		01-1	710.0		_	
City	985 1.54	Stat	e ZIP Code		APPARATION AND AND AND AND AND AND AND AND AND AN	***************************************
					_	
Name						
Number	Street				_	
City		State	e ZIP Code	- 2 C - 200 - V :		
2.4						
Name					-	
			_			
Number	Street				_	
City		State	e ZIP Code		-	
2.5	1 (The Control of Con	otale	2.1. Oode	maaassaassa oo		e de la companya de l
Name					_	
ivaine						
Number	Street				-	
City		State	e ZIP Code		_	

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JAMES MOORE Debtor 1 Case number (# known) Last Name **Additional Page if You Have More Contracts or Leases** Person or company with whom you have the contract or lease What the contract or lease is for 2.<u>2</u> Name Number Street City State ZIP Code 2._ Name Number Street City ZIP Code State 2._ Name Number Street City ZIP Code State 2._ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code

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Fill in this information to identify your case:	
Debtor 1 JAMES MOORE	
First Name Middle Name Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number	
(If known)	☐ Check if this is ar
	amended filing
Official Form 106H	
Schedule H: Your Codebtors	12/15
Codebtors are people or entities who are also liable for any debts you may have. Be as are filing together, both are equally responsible for supplying correct information. If me and number the entries in the boxes on the left. Attach the Additional Page to this page case number (if known). Answer every question.	ore space is needed, copy the Additional Page, fill it out.
1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as	a codebtor.)
☑ No	
☐ Yes	
2. Within the last 8 years, have you lived in a community property state or territory? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washir	
✓ No. Go to line 3.	igion, and visconsin.)
Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
□ No	
☐ Yes. In which community state or territory did you live? F	Fill in the name and current address of that person.
Name of your spouse, former spouse, or legal equivalent	
Number Street	
City State ZIP Code	
	formula and the filling with your I lot the annual
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor in shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2.	Make sure you have listed the creditor on
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
	Check all schedules that apply:
[3.1]	Schedule D, line
Name	Schedule E/F, line
Number Street	Schedule G, line
City State ZIP Code	
3.2	
Name	Schedule D, line
	Schedule E/F, line
Number Street	☐ Schedule G, line
City State ZIP Code	
3.3	Schedule D, line
Name	Schedule E/F, line
Number Street	Schedule G, line
City Clate 7/D Code	

Official Form 106H

Schedule H: Your Codebtors

page 1 of ____

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JAMES MOORE				
	A N/F	IN P	$\cap \cap E$) =

First Name Middle Name Last Name	Case number (if known)
Additional Page to List More Codebtors	
olumn 1: Your codebtor	Column 2: The creditor to whom you owe the de
	Check all schedules that apply:
ame	Schedule D, line
	☐ Schedule E/F, line
umber Street	Schedule G, line
ty State	ZIP Code
	Schedule D, line
ame	Schedule E/F, line
umber Street	Schedule G, line
ty State	ZIP Code
	Schedule D, line
ame	Schedule E/F, line
	Schedule G, line
umber Street	Garedule G, line
ty State	ZIP Code
ame	Schedule D, line
	☐ Schedule E/F, line
umber Street	□ Schedule G, line
ty State	ZIP Code
	Schedule D, line
ame	☐ Schedule E/F, line
umber Street	Schedule G, line
ty State	ZIP Code
	Schedule D, line
ame	Schedule E/F, line
umber Street	□ Schedule G, line
ty State	ZIP Code
	Schedule D, line
ame	Schedule E/F, line
umber Street	Schedule G, line

Official Form 106H

City

Name

Number

State

ZIP Code

ZIP Code

☐ Schedule D, line _

☐ Schedule E/F, line _____ ☐ Schedule G, line _____

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Debt					
	JAMES MOORE				
	First Name	Middle Name	Last Name	-	
Debt (Spou	tor 2 use, if filing) First Name	Middle Name	Last Name	-	
Unite	ed States Bankruptcy Court for the:	Northern District of Illinois			
	e number			Check if t	his is:
(lf kn	nown)				nended filing
					plement showing postpetition chapter 13 e as of the following date:
Offic	cial Form 106I	-		MM / D	DD / YYYY
Sc	hedule I: You	ır Income			12/15
suppi If you separ	lying correct information. If your spou	ou are married and not fil use is not filing with you, atop of any additional pa	ing jointly, and your spo do not include information	use is living with y	or 2), both are equally responsible for you, include information about your spouse. buse. If more space is needed, attach a known). Answer every question.
	ll in your employment formation.		Debtor 1		Debtor 2 or non-filing spouse
lf :	you have more than one job,		ALTERNATION OF THE PROPERTY OF		
att inf	tach a separate page with formation about additional mployers.	Employment status	✓ Employed☑ Not employed		☐ Employed☐ Not employed
	clude part-time, seasonal, or elf-employed work.		Admnistrative		(.,,
	ccupation may include student homemaker, if it applies.	Occupation			
		Employer's name	DHL Express (USA	(), Inc.	
		Employer's address	570 Polaris Parkwa	av.	
			Number Street		Number Street
			Westerville (OH 43082	
			City State	ZIP Code	City State ZIP Code
		How long employed the	re?		
Pari	t 2: Give Details About	: Monthly Income			
Es sp	stimate monthly income as of ouse unless you are separated	the date you file this form	n. If you have nothing to re	port for any line, wi	rite \$0 in the space. Include your non-filing
If y bel	you or your non-filing spouse ha low. If you need more space, at	ave more than one employe ttach a separate sheet to th	er, combine the information is form.	for all employers for	or that person on the lines
			*****	For Debtor 1	For Debtor 2 or non-filing spouse
2. Li	ist monthly gross wages, sala eductions). If not paid monthly,	ary, and commissions (be calculate what the monthly	fore all payroll wage would be. 2.	\$_3,748.00	\$
_	stimate and list monthly over	time pay.	3. +	·\$	+ \$
3. E	•				

Official Form 106I

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JAMES MOORE Debtor 1 Case number (if known) Middle Nam For Debtor 1 For Debtor 2 or non-filing spouse 3,748.00 Copy line 4 here...... + 4 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 835.00 5b. Mandatory contributions for retirement plans 0.00 5b. 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 0.00 5d. 0.00 5e. Insurance 5e 0.00 5f. Domestic support obligations 5f. 53.00 5g. Union dues 5g. 5h. Other deductions. Specify: 0.00 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 888.00 6. 2,860.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 0.00 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation 0.00 8d. 8e. Social Security 8e 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 8f. Specify: _ 8g. Pension or retirement income 0.00 8g. 8h. Other monthly income. Specify: 8h. 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. 0.00 10. Calculate monthly income. Add line 7 + line 9. 2,860.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2,860.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

13. Do you expect an increase or decrease within the year after you file this form?

✓ No.

✓ Yes. Explain:

Combined monthly income

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Fill in this information to identify	() () () () ()			
Fill in this information to identify	your case:			
Debtor 1 JAMES MOORE First Name	Middle Name Last Name	Check if this is:		
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	An amende	d filing	
United States Bankruptcy Court for the:	Northern District of Illinois		nt showing post s of the following	petition chapter 13
Case number		MM / DD / YY		g date.
(If known)		WIW / DD / f f	11	
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as p information. If more space is need (if known). Answer every question	ossible. If two married people are fili led, attach another sheet to this form i.	ng together, both are equally respo n. On the top of any additional pages	nsible for supply s, write your nam	ing correct e and case number
Part 1F Describe Your Ho	usehold			
1. Is this a joint case?				
✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a	separate household?			
☐ No ☐ Yes. Debtor 2 must fi	le Official Form 106J-2, <i>Expenses for</i> S	Separate Household of Debtor 2.		
2. Do you have dependents?	☑ No	Dependent's relationship to	D	
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents'				☐ No ☐ Yes
names.				☐ No
				Yes
				☐ No
				Yes
				U No □ Yes
				☐ No
				Yes
3 Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes			
Part 2: Estimate Your Ongo	ing Monthly Expenses			
	r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme			
• •	n-cash government assistance if you	know the value of		
	d it on Schedule I: Your Income (Offi		Your expe	nses
4. The rental or home ownership any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and 4.	\$	900.00
If not included in line 4:				
4a. Real estate taxes		46	a. \$	0.00
4b. Property, homeowner's, or r		41	o. \$	0.00
4c. Home maintenance, repair,		40		0.00
4d. Homeowner's association o	r condominium dues	40	d. \$	0.00

Schedule J: Your Expenses

page 1

Official Form 106J

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Debtor 1

JAMES MOORE
First Name Middle Name

First Name Middle Name Last Name

Case number (if known)_____

			Your ex	penses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:	J .		
•	6a. Electricity, heat, natural gas	6a.	\$	125.00
	6b. Water, sewer, garbage collection	6b.	\$	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ \$	
	6d. Other Specify: 0	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	200.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	25.00
10.	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.		60.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	225.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	¢	0.00
14.	Charitable contributions and religious donations	14.	\$ \$	0.00
15.	Insurance.	14.	J	0.00
15.	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	79.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	692.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: 0	17c.	\$	0.00
	17d. Other. Specify: 0	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify: 0	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	JAMES MOORE First Name Middle Name Last Name	se number (#known)		
1. Other. S	Specify:	21.	+\$	0.00
2. Calculat	te your monthly expenses.			
22a. Add	d lines 4 through 21.	22a.	\$	2,663.00
22b. Cop	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22c. Add	l line 22a and 22b. The result is your monthly expenses.	22 c.	\$	2,663.00
3. Calculate	your monthly net income.			
	py line 12 (your combined monthly income) from Schedule I.	23 a .	\$	2,860.00
23b. Cop	py your monthly expenses from line 22c above.	23b.	-\$	2,638.00
	otract your monthly expenses from your monthly income. e result is your monthly net income.	23c.	\$	222.00
4. Do you e	xpect an increase or decrease in your expenses within the year after you file t	his form?		
-	ple, do you expect to finish paying for your car loan within the year or do you expect payment to increase or decrease because of a modification to the terms of your mo	,		
☑ No.				
W No.				

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• • •	information to ident	ify your case:			
ebtor 1	JAMES MOOR				
	First Name	Middle Name	Last Name		
btor 2 ouse, if filing	g) First Name	Middle Name	Last Name	_	
ted States	s Bankruptcy Court for th	he: Northern District of	Illinois		
se number	г				
					☐ Check if this is
					amended filing
Officia	al Form 106	Dec			
					
Dec	laration <i>i</i>	About an	Individual [Debtor's Schedul	es 12/1
two mos	rried neonle ere fili-	to nother both			
two mai	rried people are fill	ng togetner, both are	equally responsible for su	pplying correct information.	
บน เกเนรเ	t me tins form when	iever you file bankrup	itcy schedules or amende	d schedules. Making a false statement	, concealing property, or
htaining	monov or proporty	by fraud in connecti	on with a banksuntay sace	see result in fines up to \$250,000	in a single service of the service of
btaining	money or property	by fraud in connection	on with a bankruptcy case	can result in fines up to \$250,000, or	imprisonment for up to 20
		52, 1341, 1519, and 3		•	•
,		· · · · · · · · · · · · · · · · · · ·	••••		
	_				
	Sign Relow				
	Sign Below				
	Sign Below				
Did va					
	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	u fill out bankruptcy forms?	
✓ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	u fill out bankruptcy forms?	
☑ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	u fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice	ce, Declaration, and
∡ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo		ee, Declaration, and
∡ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	Attach Bankruptcy Petition Preparer's Notice	ee, Declaration, and
∡ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	Attach Bankruptcy Petition Preparer's Notice	ee, Declaration, and
✓ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	Attach Bankruptcy Petition Preparer's Notice	ce, Declaration, and
☑ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	Attach Bankruptcy Petition Preparer's Notice	ce, Declaration, and
☑ No	ou pay or agree to p	ay someone who is N	NOT an attorney to help yo	Attach Bankruptcy Petition Preparer's Notice	ce, Declaration, and
☑ No □ Ye	ou pay or agree to p			Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119).	e, Declaration, and
☑ No □ Ye	ou pay or agree to poss. Name of person	I declare that I have r		Attach Bankruptcy Petition Preparer's Notice	se, Declaration, and
☑ Ye	ou pay or agree to p	I declare that I have r		Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119).	e, Declaration, and
☑ Ye	ou pay or agree to poss. Name of person	I declare that I have r		Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119).	e, Declaration, and
☑ Ye Under	ou pay or agree to poss. Name of person	I declare that I have r		Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119).	ee, Declaration, and
Under that th	ou pay or agree to poss. Name of person	I declare that I have r	read the summary and sch	Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119).	e, Declaration, and
☑ Ye	ou pay or agree to poss. Name of person	I declare that I have r		Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119).	e, Declaration, and
Under that th	ou pay or agree to poss. Name of person	I declare that I have r	read the summary and sch	Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119). nedules filed with this declaration and	ee, Declaration, and
Under that th	r penalty of perjury, ney are true and cor	I declare that I have r	read the summary and sch	Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119). nedules filed with this declaration and	ee, Declaration, and
Under that the	r penalty of perjury, ney are true and construction of Debtor 1	I declare that I have r	read the summary and sch	Attach <i>Bankruptcy Petition Preparer's Notic</i> Signature (Official Form 119). nedules filed with this declaration and	ee, Declaration, and
Under that the	r penalty of perjury, ney are true and cor	I declare that I have r	read the summary and sch	Attach Bankruptcy Petition Preparer's Notice Signature (Official Form 119). nedules filed with this declaration and	ee, Declaration, and

B2030 (Form 2030) (12/15)

hearings thereof;

United States Bankruptcy Court

Northern District Of Illinois

In	JAMES MOORE re	
		Case No.
De	ebtor	Chapter 13
	DISCLOSURE OF COMPI	ENSATION OF ATTORNEY FOR DEBTOR
1.	named debtor(s) and that compensation paid	ankr. P. 2016(b), I certify that I am the attorney for the above I to me within one year before the filing of the petition in services rendered or to be rendered on behalf of the debtor(s) in pankruptcy case is as follows:
	For legal services, I have agreed to accept.	S 4,000.00
	Prior to the filing of this statement I have re-	ceived
	Balance Due	\$ 3,700.00
2.	The source of the compensation paid to me	was:
	x Debtor Other (s	pecify)
3.	The source of compensation to be paid to me	e is:
	X Debtor Other (s	pecify)
4.	I have not agreed to share the above members and associates of my law firm.	e-disclosed compensation with any other person unless they are
		sclosed compensation with a other person or persons who are not A copy of the agreement, together with a list of the names of the attached.
5.	In return for the above-disclosed fee, I have case, including:	agreed to render legal service for all aspects of the bankruptcy
	a. Analysis of the debtor's financial situat file a petition in bankruptcy;	ion, and rendering advice to the debtor in determining whether to
	b. Preparation and filing of any petition, so	chedules, statements of affairs and plan which may be required;

Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned

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d.	Representation of	the debtor in adversary	proceedings and other contested bankr	uptcy matters:
u.	representation of	. the debtor in adversary	proceedings and other contested bankr	upicy main

e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/14/2017

/s/ Steven O. Hamill

Date

Signature of Attorney

Name of law firm

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - Review with debtor financials, advise client; prepare Vol. Pet. and schedules and disclosures.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4000.00
2. In addition, the debtor will pay the filing fee in the case and other expenses of \$\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3. Before signing this agreement, the attorney received \$ 300.00
toward the flat fee, leaving a balance due of \$ 3700.00 ; and \$ 310.00 for expenses,
leaving a balance due of \$0
4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.
Date: July 12, 2017
Signed:
Como Maria
Debtor(s) Attorney for the Debtor(s)
Do not sign this agreement if the amounts are blank.

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ebtor 1	JAMES MOORE				
	First Name	Middle Name	Last Name		
btor 2 ouse, if fili	ng) First Name	Middle Name	Last Name		
ted State	es Bankruptcy Court for the: Nort	thern District of	f Illinois		
e numbe					
nown)					☐ Check if this is a
			1000		amended filing
ficial	Form 107				
ater	nent of Financi	al Affai	re for Indiv	riduals Filing for Bankrı	untou
s comp	lete and accurate as possib	ole. If two mar	ried people are filin	g together, both are equally responsible fo	r supplying correct
rmation	. If more space is needed, a (nown). Answer every quest	attach a separ	ate sheet to this for	m. On the top of any additional pages, writ	e your name and case
Dei (ii F	(nown). Answer every quest	tion.			
	Char Batalla At 4 M				
rt 1:	Give Details About You	r Maritai Sta	itus and Where Y	ou Lived Before	
What ie	your current marital status	.2			
vviiat is	your current mantar status	r			
☐ Mar					
✓ Not	married				
Durina	the last 3 years, have you li	ved anywhere	other than where w	rou live nous?	
	the last 3 years, have you li	ved anywhere	other than where y	ou live now?	
☑ No					
☑ No ☐ Yes	the last 3 years, have you li List all of the places you live		years. Do not include	e where you live now.	Doton Dokton
☑ No ☐ Yes	. List all of the places you live				Dates Debtor 2 lived there
☑ No ☐ Yes	. List all of the places you live		years. Do not include Dates Debtor 1	e where you live now. Debtor 2:	lived there
☑ No ☐ Yes	. List all of the places you live		years. Do not include Dates Debtor 1	e where you live now.	
No Yes	. List all of the places you live		years. Do not include Dates Debtor 1	Debtor 2: Same as Debtor 1	lived there
No Yes	. List all of the places you live		years. Do not include Dates Debtor 1 lived there	e where you live now. Debtor 2:	lived there
No Yes	. List all of the places you live		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	lived there Same as Debto
No Yes	. List all of the places you live		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	lived there Same as Debto
✓ No Yes	List all of the places you live		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	lived there Same as Debte From To
✓ No Yes De	List all of the places you live	ed in the last 3	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City State ZIP Cod	lived there Same as Debte From To e
✓ No Yes De	List all of the places you live	ed in the last 3	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	lived there Same as Debte From To
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VI No Pes	List all of the places you live shor 1: umber Street ity State the last 8 years, did you eve	ed in the last 3	years. Do not include Dates Debtor 1 lived there From To From To pouse or legal equit	Debtor 2: Same as Debtor 1 Number Street City State ZIP Cod Number Street City State ZIP Cod Same as Debtor 1	Iived there Same as Debt From To Same as Debt From To From To Gode
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✓ No ✓ Yes ✓ No ✓ No ✓ No ✓ No	List all of the places you live shor 1: umber Street ity State the last 8 years, did you eve	ed in the last 3 of the last 3	years. Do not include Dates Debtor 1 lived there From To From To pouse or legal equive to Louisiana, Nevace	Debtor 2: Same as Debtor 1 Number Street City State ZIP Cod Number Street City State ZIP Cod Number Street	Iived there Same as Debt From To Same as Debt From To From To Gode

Official Form 107

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btor 1	JAMES MOORE First Name Middle Name Last	Name	Case nu	umber (if known)	
Fill If yo	you have any income from employment in the total amount of income you received are filing a joint case and you have income.	d from all jobs and all busi	nesses, including part-ti	me activities.	endar years?
_	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$22,296.00	☐ Wages, commissions, bonuses, tips	\$
	the date you filed for bankruptcy:	Operating a business		Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	s 32,000.00	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31,)	Operating a business	ş <u> </u>	Operating a business	\$
	For the calendar year before that:	☑ Wages, commissions,		☐ Wages, commissions,	
	(January 1 to December 31, 2015	bonuses, tips Operating a business	\$28,000.00	bonuses, tips Operating a business	\$
List	abling and lottery winnings. If you are filing each source and the gross income from e No Yes. Fill in the details.				e under Debtor 1.
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until		\$		· \$
	the date you filed for bankruptcy:		\$		\$
			\$		\$
	For last calendar year:		\$		\$
	(January 1 to December 31,)				·
		× ·· · ·	\$		\$
	For the calendar year before that:		\$		\$
	(January 1 to December 31,)				\$
	1111		\$		\$

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Debtor 1	JAMES MOORE		Case	number (if known)	
	First Name Middle Name Last Name		_	TIGHTDOL (# KNOWI)	
Part 3:	List Certain Payments You Made Bef	ore You Filed	l for Bankruptcy		
6. Are eit	ther Debtor 1's or Debtor 2's debts primarily	consumer deb	its?		
	Neither Debtor 1 nor Debtor 2 has primari			re defined in 11 U.S.C. \$ 10	1(9) 00
	incurred by an individual primarily for a pers	onal, family, or l	household purpose."		1(o) as
	During the 90 days before you filed for bankr	uptcy, did you p	ay any creditor a total o	f \$6,225* or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom yo total amount you paid that creditor. child support and alimony. Also, do	Do not include p	payments for domestic si	upport obligations, such as	
	* Subject to adjustment on 4/01/16 and every				
⊠ ye.	s. Debtor 1 or Debtor 2 or both have primaril				
	During the 90 days before you filed for bankr			5 \$600 or more?	
	☑ No. Go to line 7.	-p, a.a. you p	ay arry or outlor a total of	wood of more:	
	☐ Yes. List below each creditor to whom yo creditor. Do not include payments for alimony. Also, do not include payme	or domestic supp	ort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	D
	Creditor's Name		*	V	☐ Mortgage ☐ Car
	Number Street	·			☐ Car
	Number Street				Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other
	City State ZIP Code				Other
			_		
	Creditor's Name		\$	\$	☐ Mortgage
					☐ Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other
			\$	\$	
	Creditor's Name		Ψ	\$	☐ Mortgage
					☐ Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other

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	JAMES MOORE		_	Case number (if known)	
	First Name Middle Name Last Name			·	
le or nt, n a	n 1 year before you filed for bankruptcy, dic rs include your relatives; any general partners rations of which you are an officer, director, pe including one for a business you operate as a as child support and alimony.	; relatives of any erson in control, o	general partners; prowner of 20% or	partnerships of which more of their voting	h you are a general partner; securities; and any managing
е	ss. List all payments to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
li	nsider's Name		\$	_ \$	
N	lumber Street				
- c	Sity State ZiP Code				
			\$	\$	
	rsider's Name iumber Street				
c	Sity State ZIP Code	_			
s de	1 year before you filed for bankruptcy, did ider? e payments on debts guaranteed or cosigned s. List all payments that benefited an insider.		Total amount paid	Amount you still owe	Reason for this payment
ir	isider's Name		\$	\$	
V	lumber Street				
	ity State ZIP Code				
			\$	s	
r	isider's Name		-		
V	umber Street				
_					
_		_			

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List all	Identify Legal Actions, Repose 1 year before you filed for bankrupt such matters, including personal injury intract disputes.	cy, were you a party in an	y lawsuit, court action, o	or administrative proces, paternity actions, sup	eeding? port or custody modific
⊻ No					
☐ Yes	s. Fill in the details.				
		Nature of the case	Court or agency	<i>(</i>	Status of the ca
٠,	sea titla		·		Pending
Ca	ase title		Court Name		On appeal
_			Number Street		Concluded
Ca	ase number				
			City	State ZIP Code	
Ca	ase title		Court Name		—— Pending
_					On appeal
			Number Street		Concluded
Ca	ase number		City	State ZIP Code	
	Go to line 11.				
	. Go to line 11. s. Fill in the information below.	Describe the pro	nerty	Data	Value of the proper
		Describe the pro	perty	Date	Value of the prope
	s. Fill in the information below.	Describe the pro	perty	Date	Value of the proper
		Describe the pro	perty	Date	
	s. Fill in the information below.	Describe the property of the p		Date	
	s. Fill in the information below.	Explain what hap	pened	Date	
	s. Fill in the information below.	Explain what hap	pened	Date	
	S. Fill in the information below. Creditor's Name Number Street	Explain what hap Property wa Property wa	pened as repossessed. as foreclosed. as garnished.		
	s. Fill in the information below.	Explain what hap Property wa Property wa Property wa Property wa	pened as repossessed. as foreclosed. as garnished. as attached, seized, or lev	ied.	\$
	S. Fill in the information below. Creditor's Name Number Street	Explain what hap Property wa Property wa	pened as repossessed. as foreclosed. as garnished. as attached, seized, or lev		Value of the proper \$ Value of the proper
	S. Fill in the information below. Creditor's Name Number Street	Explain what hap Property wa Property wa Property wa Property wa	pened as repossessed. as foreclosed. as garnished. as attached, seized, or lev	ied.	\$Value of the prope
	S. Fill in the information below. Creditor's Name Number Street	Explain what hap Property wa Property wa Property wa Property wa	pened as repossessed. as foreclosed. as garnished. as attached, seized, or lev	ied.	\$
	Creditor's Name Number Street City State ZIP Co	Explain what hap Property wa Property wa Property wa Property wa	pened as repossessed. as foreclosed. as garnished. as attached, seized, or lev	ied.	\$Value of the prope
	Creditor's Name Number Street City State ZIP Co	Explain what hap Property wa Property wa Property wa Property wa	pened as repossessed. as foreclosed. as garnished. as attached, seized, or levi	ied.	\$Value of the prope
	Creditor's Name Number Street City State ZIP Co	Explain what hap Property wa Property wa Property wa Property wa Describe the prop	pened as repossessed. as foreclosed. as garnished. as attached, seized, or leviperty	ied.	\$Value of the prope
	Creditor's Name Number Street City State ZIP Co	Explain what hap Property wa Property wa Property wa Property wa Describe the prop	pened as repossessed. as foreclosed. as garnished. as attached, seized, or levi	ied.	\$Value of the prope

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First Name Middle Name Last !	Name Case number (if kr	nown)	
nin 90 days before you filed for bankru	ptcy, did any creditor, including a bank or financial ins	stitution, set off an	ıv amounts from vou
ounts or refuse to make a payment bed	cause you owed a debt?	,	,, ,
No			
Yes. Fill in the details.			
	Describe the action the creditor took	Date action	Amount
Creditor's Name	- ,	was taken	
Sieuloi s Name			
			\$
Number Street		•	
City State ZIP Code			
State ZIP Code	Last 4 digits of account number: XXXX		
in 1 year before you filed for bankrupt	cy, was any of your property in the possession of an a	ssignee for the be	enefit of
litors, a court-appointed receiver, a cus	stodian, or another official?	_	
No			
Yes			
List Certain Gifts and Contribu	tione		
List Certain Girts and Contribu	tions		
in 2 years before you filed for bankrup	tcy, did you give any gifts with a total value of more th	ıan \$600 per perso	on?
	tcy, did you give any gifts with a total value of more th	an \$600 per perso	on?
40	tcy, did you give any gifts with a total value of more th	an \$600 per perso	on?
No	tcy, did you give any gifts with a total value of more th	aan \$600 per perso	on?
No Yes. Fill in the details for each gift.			
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	tcy, did you give any gifts with a total value of more th Describe the gifts	Dates you g	
No Yes. Fill in the details for each gift.			
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	Describe the gifts	Dates you g	
No /es. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you g	
No /es. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you g	ave Value
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Ves. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Verson to Whom You Gave the Gift Jumber Street	Describe the gifts	Dates you g	ave Value
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Ves. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Person's relationship to you Sifts with a total value of more than \$600	Describe the gifts	Dates you gathe gifts	\$\$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts Describe the gifts	Dates you gathe gifts	\$\$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Person's relationship to you Sifts with a total value of more than \$600 per person	Describe the gifts Describe the gifts	Dates you gathe gifts	ss_
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Street Street Person's relationship to you Sifts with a total value of more than \$600 per person	Describe the gifts Describe the gifts	Dates you gathe gifts	s\$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Street Street Person's relationship to you Sifts with a total value of more than \$600 per person	Describe the gifts Describe the gifts	Dates you gathe gifts	ss_
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or 1	JAMES MOORE	Case number (if known)		
	First Name Middle Name Las	t Name		
Alidh i m	O come before con the discussion.			
		ptcy, did you give any gifts or contributions with a total val	ue of more than \$6	00 to any charity?
No				
∟ Ye	es. Fill in the details for each gift or con	tribution.		
	ifts or contributions to charities	Describe what you contributed	Date you	Value
ti	hat total more than \$600		contributed	
				\$
Cha	arity's Name			
				\$
				-
Nur	mber Street			
_				
City	State ZIP Code			
	_			
t 6:	List Certain Losses			
	escribe the property you lost and ow the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance	Date of your loss	Value of property lost
	manakan mana atau da sa	claims on line 33 of Schedule A/B: Property.		
				\$
				T
t 7:	List Certain Payments or Tran	esfers		
Mithin				
ou cc	onsulted about seeking bankruptcy	tcy, did you or anyone else acting on your behalf pay or tra or preparing a bankruptcy petition?	nster any property	to anyone
		eparers, or credit counseling agencies for services required in y	our bankruptcy.	
⊒ No				
🛮 Ye	s. Fill in the details.			
		Description and value of any property transferred	Date payment or	Amount of paymer
	teven O. Hamill, Attorney	, , , , , , , , , , , , , , , , , , , ,	transfer was	ranount or paymor
	erson Who Was Paid	\$310.00 for filing fees;	made	
	843 West 95th Street	\$300.00 towards legal fees	07/12/2017	s 610.00
		:		φΟ10.00
_				\$
	vergreen Park IL 60805			Ψ
Cit	ty State ZIP Code			
<u> </u>	nail or website address			
En	man or website addiess			
	erson Who Made the Payment if Not You			

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W-7-2-W-4-1				
			1.1.100m.com.com.com.com.com.com.com.com.com.co	
	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	=			
Number Street	- .		:	\$
				\$
City State ZIP Code				
Email or website address	- :			
Person Who Made the Payment, if Not You				
thin 4 year hafara yey filed for head was				
thin 1 year before you filed for bankrup omised to help you deal with your cred onot include any payment or transfer that	itors or to make payments to your cr	editors?	inster any property t	o anyone wh
No	you nated of this to.			
Yes. Fill in the details.				
	Description and value of any property	transferred	Date payment or transfer was made	Amount of pay
Person Who Was Paid			made	
Number Street	= '			\$
Number Street	-			\$ \$
City State ZIP Code	_ _ _ ptcy, did you sell, trade, or otherwise	e transfer any property	to anyone, other tha	\$
City State ZIP Code ithin 2 years before you filed for bankru ansferred in the ordinary course of your clude both outright transfers and transfers onot include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting	of a security interest or Describe any propert or debts paid in exch	mortgage on your pro y or payments received ange	\$ an property perty).
City State ZIP Code ithin 2 years before you filed for bankru ansferred in the ordinary course of your clude both outright transfers and transfers on tinclude gifts and transfers that you ha	business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property	of a security interest or Describe any propert	mortgage on your pro	\$an property perty). Date trans
City State ZIP Code thin 2 years before you filed for bankru nsferred in the ordinary course of your clude both outright transfers and transfers not include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property	of a security interest or Describe any propert or debts paid in exch	mortgage on your pro y or payments received ange	\$an property perty). Date trans
City State ZIP Code Ithin 2 years before you filed for bankru Insferred in the ordinary course of your Clude both outright transfers and transfers In not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property	of a security interest or Describe any propert or debts paid in exch	mortgage on your pro y or payments received ange	\$an property perty). Date trans
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Name of frusts Name of frust	or 1 JAMES MOORE First Name Middle Name	Last Name	Case number (if kir	nown)	
Name of trust Name of trust	are a beneficiary? (These are often call ✓ No	inkruptcy, did you transfer any prope led asset-protection devices.)	rty to a self-settled tru	st or similar device of v	which you
Name of trust Name of trust			-		Date transfer
### List Cortain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units ###################################					
List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units	Name of trust				**************************************
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, prokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or instrument Date account was closed, sold, moved, or transferred					
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, losed, sold, moved, or transferred? Institutions, avaings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, rokerage houses, pension funds, cooperatives, associations, and other financial institutions. Institutions. Last 4 digits of account number			Boxes. and Storag	ie Units	entered to the state of the state of
Number Street City State ZiP Code Savings Money market Brokerage Other	— · · · · ·	Last 4 digits of account number		closed, sold, moved,	Last balance befo
City State ZIP Code XXXX Checking	Name of Financial Institution	xxxx- <u></u>	☐ Checking		\$
Brokerage Other Name of Financial Institution XXXX Checking Savings Number Street Money market Brokerage Other Other	Number Street				
Other Name of Financial Institution XXXX-			_		
Number Street	City State ZIP Cod	e	Other		
Money market Brokerage Other	Name of Financial Institution	xxxx	_		\$
Brokerage Other					
City State ZIP Code To you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for ecurities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you have it have it have it have it have street Number Street	Number Street				
No you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you have it Name of Financial Institution Name Number Street					
Securities, cash, or other valuables? ✓ No ☐ Yes. Fill in the details. Who else had access to it? Describe the contents Do you have it ☐ No Name of Financial Institution Name Number Street Number Street	•				
Name of Financial Institution Name Number Street Number Street	securities, cash, or other valuables? Mo	nin 1 year before you filed for bankrup	otcy, any safe deposit	box or other depositor	y for
Name of Financial Institution Name Number Street Number Street		Who else had access to it?	Describe th	e contents	Do you st have it?
Number Street	Name of Financial Institution	Name	;		☐ No ☐ Yes
	Number Street	Number Street			
City State ZIP Code	-	City State ZIP Code	- 		

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tor 1	JAMES MOORE		Case number (if known)	
	First Name Middle Name La	st Name	Case number (I KIOWI)	
lave y	ou stored property in a storage unit	t or place other than your home wi	thin 1 year before you filed for bankru	ptcy?
No.				
Yes	s. Fill in the details.			
		Who else has or had access to it?	Describe the contents	Do you st
				have it?
				□ No
N	lame of Storage Facility	Name		Yes
N	lumber Street	Number Street		
		City State ZIP Code		
c	city State ZIP Code			
	<u></u>			
rt 9:	Identify Property You Hold	or Control for Someone Else		
Do vo	u hold or control any property that	someone else owns? Include any	property you borrowed from, are storing	a for
	ld in trust for someone.	Someone cise owns: include any	property you borrowed from, are storn	ig ior,
☑ No	D			
☐ Ye	es. Fill in the details.			
		Where is the property?	Describe the property	Value
		remove to the property.	Describe the property	••••••••••••••••••••••••••••••••••••••
_				
ō	Owner's Name			\$
_		Number Street		\$
_	owner's Name	Number Street		\$
_		Number Street		\$
N -			P Code	\$
N - C	lumber Street Sity State ZIP Code	City State Zi	P Code	\$
N - C	lumber Street Sity State ZIP Code	City State Zi	P Code	\$
	lumber Street State ZIP Code Give Details About Environ	City State Zi mental information	P Code	\$
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rt 10:	State ZIP Code Give Details About Environ urpose of Part 10, the following deformental law means any federal, sta	City State Zi mental Information initions apply: ate, or local statute or regulation c	oncerning pollution, contamination, re	\$leases of edium,
Tt 10:	State ZIP Code Give Details About Environ urpose of Part 10, the following deformental law means any federal, sta	City State Zimental Information initions apply: ate, or local statute or regulation cormaterial into the air, land, soil, s	oncerning pollution, contamination, re urface water, groundwater, or other m	\$leases of edium,
the price that are included	Give Details About Environ urpose of Part 10, the following deformental law means any federal, stadous or toxic substances, wastes, cling statutes or regulations controll	mental information initions apply: ate, or local statute or regulation cor material into the air, land, soil, sing the cleanup of these substance	oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material.	edium,
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the price that are included Site mutilize	Give Details About Environ Unpose of Part 10, the following deformental law means any federal, standaus or toxic substances, wastes, cling statutes or regulations controll means any location, facility, or proper it or used to own, operate, or utilize	City State Zimental Information initions apply: ate, or local statute or regulation cormaterial into the air, land, soil, sing the cleanup of these substance arty as defined under any environment, including disposal sites.	oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. uental law, whether you now own, oper	edium, rate, or
the properties of the properti	Give Details About Environ Unpose of Part 10, the following deformental law means any federal, standaus or toxic substances, wastes, cling statutes or regulations controll means any location, facility, or proper it or used to own, operate, or utilize	mental Information initions apply: ate, or local statute or regulation cormaterial into the air, land, soil, sing the cleanup of these substancerty as defined under any environme it, including disposal sites.	oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material.	edium, rate, or
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	Last Name	Case number (if known)	
ve you notified any governmental uni	it of any release of hazardous m	aterial?	
No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
		· · · · · · · · · · · · · · · · · · ·	
Name of site			
Name of site	Governmental unit		
Number Street	Number Street	S	
	City State ZIP Co	de	
City State ZIP Code	_		
	administrative proceeding unde	er any environmental law? Include settlement	s and orders.
No			
Yes. Fill in the details.			
	Court or agency	Nature of the case	Status of the case
Case title			
	Court Name		Pending
			On appe
	Number Street		☐ Conclud
Case number	<u> </u>		
Case Humber	City State Z	IP Code	
thin 4 years before you filed for bank	ruptcy, did you own a business	or have any of the following connections to a	ny business?
thin 4 years before you filed for bank A sole proprietor or self-employe A member of a limited liability co A partner in a partnership	ed in a trade, profession, or othe	or have any of the following connections to a er activity, either full-time or part-time partnership (LLP)	ny business?
☐ A sole proprietor or self-employe ☐ A member of a limited liability co	ed in a trade, profession, or othe empany (LLC) or limited liability	er activity, either full-time or part-time	ny business?
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First Name	Middle Name Last	Name	se number (if known)
		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN
Business Name	4,4 4,4	The state of the s	EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
City	State ZIP Code		From To
No Yes. Fill in the det	tails below.	Data inquad	
		Date issued	
Name		MM / DD / YYYY	
Number Street			
*			
City	State ZIP Code		
Oity			
Sity .			
	,		
27 Sign Below		t of Financial Affairs and any attachments	and I declare under negalty of perjury that the
2: Sign Below ave read the answ swers are true an connection with a	vers on this <i>Statemen</i> d correct. I understan	t of Financial Affairs and any attachments, d that making a false statement, concealing result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by frau- ment for up to 20 years, or both.
2: Sign Below ave read the answ swers are true an connection with a	vers on this Statemen d correct. I understan a bankruptcy case can 41, 1519, and 3571.	d that making a false statement, concealin result in fines up to \$250,000, or imprison	g property, or obtaining money or property by frau-
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